| Fill in this information to identify your case: | | |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF INDIANA | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Frank First name Carter DeHaven Middle name Baade Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you hav used in the last 8 years Include your married or maiden names. | e Frank D. Baade Frank Baade | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9594 | |

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|---|---|--|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | I have not used any business name or EINs. Business name(s) EIN | ☐ I have not used any business name or EINs. Business name(s) EIN | | | |
| 5. | Where you live | 20 Ln 325 Lake James A-3 Angola, IN 46703 Number, Street, City, State & ZIP Code Steuben County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |

| Debtor 1 Frank Carter DeHaven Baade | | | Case number (if known) | | | | | | | |
|-------------------------------------|---|--|--------------------------|---|---|---|------------------------|--|--|--|
| | | | | | | | | | | |
| Par | Tell the Court About | our Bank | ruptcy Ca | ase | | | | | | |
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | | | orief description of each, s go to the top of page 1 ar | | by 11 U.S.C. § 342(b) for Individuals Filingriate box. | g for Bankruptcy | | | |
| | choosing to the under | ■ Chapter 7 | | | | | | | | |
| | | ☐ Chapt | ☐ Chapter 11 | | | | | | | |
| | | ☐ Chapt | er 12 | | | | | | | |
| | | ☐ Chapt | er 13 | | | | | | | |
| 8. | How you will pay the fee | abo ord | out how yo | ou may pay. Typically, if you attorney is submitting you | ou are paying the fee | neck with the clerk's office in your local co e yourself, you may pay with cash, cashier behalf, your attorney may pay with a credit | r's check, or money | | | |
| | | I need to pay the fee in installments. If you choose this option, sign and attac The Filing Fee in Installments (Official Form 103A). | | | | | | | | |
| | | ☐ I re | quest that is not req | nt my fee be waived (You uired to, waive your fee, a | may request this op nd may do so only if | otion only if you are filing for Chapter 7. By f your income is less than 150% of the offi the in installments). If you choose this optio | cial poverty line that | | | |
| | | | | | | Official Form 103B) and file it with your pet | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | | | | |
| | last 8 years? | ☐ Yes. | | | | | | | | |
| | | | District | | When | Case number | | | | |
| | | | District | | When | Case number | | | | |
| | | | District | | When | Case number | | | | |
| 10. | Are any bankruptcy cases pending or being | □No | | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ■ Yes. | | | | | | | | |
| | | | Debtor | Baade Management | Company, Inc. | Relationship to you | Owner | | | |
| | | | | Northern District of | | | | | | |
| | | | District | Indiana | When | Case number, if known | Unknown | | | |
| | | | Debtor | | | Relationship to you | | | | |
| | | | District | | When | Case number, if known | | | | |
| 11. | Do you rent your residence? | ■ No. | Go to I | ine 12. | | | | | | |
| | | ☐ Yes. | Has yo | our landlord obtained an e | viction judgment aga | ainst you? | | | | |
| | | | | No. Go to line 12. | | | | | | |
| | | | | Yes. Fill out <i>Initial Stater</i> this bankruptcy petition. | nent About an Evictio | on Judgment Against You (Form 101A) ar | nd file it as part of | | | |
| | | | | | | | | | | |

| Deb | otor 1 Frank Carter DeHa | aven Baac | le | | Case number (if known) |
|-----|---|----------------------|-----------------------------------|---|--|
| Don | Deposit About Assu De | | V 0 | u aa a Cala Busuuist | |
| | Report About Any Bu | usinesses | You Ow | n as a Sole Propriet | or |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | |
| | | ☐ Yes. | Nam | e and location of busi | iness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Nam | e of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Num | ber, Street, City, State | e & ZIP Code |
| | it to this petition. | | Chec | k the appropriate box | x to describe your business: |
| | | | | Health Care Busin | ess (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as de | efined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broker | r (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)? For a definition of small business debtor, see 11 | proceed you are o | under Suchoosing vistatement (B). | ubchapter V so that it to proceed under Sul ent, and federal incom not filing under Chap | |
| | U.S.C. § 101(51D). | □ No. | I am Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | | | 11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11. |
| | | ☐ Yes. | | | 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11. |
| Par | t 4: Report if You Own or | r Have Any | / Hazard | ous Property or Any | Property That Needs Immediate Attention |
| 14. | Do you own or have any | ■ No. | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is , why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where | is the property? | |
| | | | | | Number, Street, City, State & Zip Code |
| | | | | | |
| | | | | | |

Debtor 1 Frank Carter DeHaven Baade

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| | | | | | Case number (if known) | | | | |
|--|---|---|---|---|---|--|--|--|--|
| Part 6 | Answer These Quest | ions for Rep | orting Purposes | | | | | | |
| | What kind of debts do you have? | | Sa. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "in individual primarily for a personal, family, or household purpose." | | | | | | |
| | | | No. Go to line 16b. | | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | 16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | 16c. S | state the type of debts you ow | ve that are not consumer debts or busines | ss debts | | | | |
| | Are you filing under Chapter 7? | □ No. I | am not filing under Chapter 7 | 7. Go to line 18. | | | | | |
| а | Do you estimate that after any exempt property is excluded and | | | o you estimate that after any exempt propilable to distribute to unsecured creditors? | perty is excluded and administrative expenses ? | | | | |
| a | administrative expenses | | ■ No | | | | | | |
| t c | are paid that funds will be available for distribution to unsecured creditors? | |] Yes | | | | | | |
| 18. H | How many Creditors do | | | □ 1,000-5,000 | ☐ 25,001-50,000 | | | | |
| У | you estimate that you owe? | ■ 1-49 □ 50-99 | | ☐ 5001-10,000 | ☐ 50,001-100,000 | | | | |
| | owe: | □ 100-199 □ 200-999 | | □ 10,001-25,000 | ☐ More than100,000 | | | | |
| 19. H | How much do you ☐ \$0 | | .000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | | |
| | estimate your assets to be worth? | □ \$50,001 | | ☐ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion | | | | |
| | | | 1 - \$500,000 1 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | | | |
| 20. H | How much do you | □ \$0 - \$50 | .000 | ■ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | | |
| e | estimate your liabilities o be? | □ \$50,001 | - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | | | |
| • | . | | 1 - \$500,000 | □ \$50,000,001 - \$100 million | □ \$10,000,000,001 - \$50 billion | | | | |
| | | \$500,00 | 1 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | | |
| Part 7 | Sign Below | | | | | | | | |
| For yo | ou | I have exan | nined this petition, and I decla | are under penalty of perjury that the inform | mation provided is true and correct. | | | | |
| | | | ave chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 and States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter. | | | | | | |
| | | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | |
| I request relief in accordance with the chapter of title 11, United States Code, | | | | | cified in this petition. | | | | |
| | | bankruptcy and 3571. | case can result in fines up to | concealing property, or obtaining money of \$250,000, or imprisonment for up to 20 y | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | | |
| | | | Carter DeHaven Baade ter DeHaven Baade f Debtor 1 | Signature of Debto | r 2 | | | | |
| | | Executed o | n March 31, 2021 | Executed on | | | | | |
| | | 500.000 | MM / DD / YYYY | | I / DD / YYYY | | | | |

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| | 0400 21 10001 10g | 0,01,21 | ago 1 01 00 | | |
|---|---|------------------------|--|--|--|
| Debtor 1 Frank Carter DeHa | ven Baade | Case number (if known) | | | |
| | | | | | |
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in this petition, dec under Chapter 7, 11, 12, or 13 of title 11, United States C for which the person is eligible. I also certify that I have of | ode, and have e | xplained the relief available under each chapter | | |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § $707(b)(4)(D)$ applies, certify that schedules filed with the petition is incorrect. | t I have no know | ledge after an inquiry that the information in the | | |
| | /s/ Douglas R. Adelsperger | Date | March 31, 2021 | | |
| | Signature of Attorney for Debtor | _ | MM / DD / YYYY | | |
| | Douglas R. Adelsperger 14174-21 Printed name | | | | |
| | Adelsperger & Kleven, LLP | | | | |
| | Firm name | | | | |
| | 111 West Wayne Street | | | | |
| | Fort Wayne, IN 46802 | | | | |
| | Number, Street, City, State & ZIP Code | | | | |

Email address

Contact phone 260/407-7077

14174-21 IN
Bar number & State

| Fill | in this information to | identify your o | case: | | | |
|------|--|--------------------------------------|---|---|--------------|-------------------------------------|
| Del | | k Carter DeHa | | | | |
| Deb | First Na | ime | Middle Name | Last Name | | |
| | ouse if, filing) First Na | me | Middle Name | Last Name | | |
| Uni | ited States Bankruptcy | Court for the: | NORTHERN DISTRICT | OF INDIANA | | |
| | se number | | | | _ | eck if this is an ended filing |
| | | | | | | |
| | ficial Form 10 | | | | _ | |
| | | | | nd Certain Statistical Information are filing together, both are equally responsible | | 12/15 |
| info | rmation. Fill out all of | your schedule | s first; then complete th | ne information on this form. If you are filing ame k the box at the top of this page. | | |
| Par | t 1: Summarize Yo | ur Assets | | | | |
| | | | | | | assets e of what you own |
| 1. | Schedule A/B: Prop 1a. Copy line 55, Tot | erty (Official Fo | rm 106A/B) om Schedule A/B | | . \$_ | 750,000.00 |
| | 1b. Copy line 62, Tot | al personal prop | perty, from Schedule A/B | | . \$_ | 44,300.00 |
| | 1c. Copy line 63, Tota | al of all property | on Schedule A/B | | . \$ | 794,300.00 |
| Par | rt 2: Summarize Yo | ur Liabilities | | | | |
| | | | | | | · liabilities unt you owe |
| 2. | | | aims Secured by Property nn A, Amount of claim, at | (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D</i> | \$_ | 1,624,004.25 |
| 3. | | | Unsecured Claims (Official (priority unsecured claim | I Form 106E/F) s) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| | 3b. Copy the total cla | aims from Part 2 | 2 (nonpriority unsecured c | laims) from line 6j of Schedule E/F | . \$_ | 293,866.00 |
| | | | | Your total liabiliti | es \$ | 1,917,870.25 |
| Par | t 3: Summarize Yo | ur Income and | Expenses | | • | |
| 4. | Schedule I: Your Inco | | | <i>1</i> | \$_ | 1,813.00 |
| 5. | Schedule J: Your Exp Copy your monthly e. | penses (Official xpenses from lir | Form 106J) ne 22c of <i>Schedule J</i> | | \$ | 1,800.00 |
| Par | rt 4: Answer These | Questions for | Administrative and Stati | istical Records | | |
| 6. | | | r Chapters 7, 11, or 13? on this part of the form. C | heck this box and submit this form to the court with | your other s | schedules. |
| 7. | ■ Yes What kind of debt d | o you have? | | | | |
| | | | | debts are those "incurred by an individual primarily to gror statistical purposes. 28 U.S.C. § 159. | or a person | al, family, or |
| | Your debts are the court with your | | | ve nothing to report on this part of the form. Check | this box and | I submit this form to |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

| Debtor ' | Frank Carter DeHaven Baade | Case number (if known) | |
|----------|---|------------------------|----|
| | om the Statement of Your Current Monthly Income: Cop 2A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Li | | \$ |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim |
|--|-------------|
| From Part 4 on Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ |
| 9d. Student loans. (Copy line 6f.) | \$ |
| Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ |
| 9g. Total. Add lines 9a through 9f. | \$ |

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| | Out | 3C 21 10001 | icg | DOC 1 1 11CG 00/01/21 1 | age 10 | 01 30 | | |
|--|---------------------------------------|-------------------------------|-----------|---|---|--|-------|---|
| Fill in this info | rmation to identify | your case and th | is filin | g: | | | | |
| Debtor 1 | Frank Carter | DeHaven Baade | Э | | | | | |
| 5 1 6 | First Name | Middle | Name | Last Name | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle | Name | Last Name | | | | |
| United States B | Bankruptcy Court for | the: NORTHER | N DIST | RICT OF INDIANA | | | | |
| O | | | | | | | _ | |
| Case number | | | | | | | | Check if this is an amended filing |
| Schedu In each category, | orm 106A/E | roperty escribe items. List a | an asse | t only once. If an asset fits in more than one | category, lis | st the asset in | the c | 12/15 |
| information. If mo Answer every que | ore space is needed, estion. | attach a separate sh | heet to t | married people are filing together, both are his form. On the top of any additional pages I Estate You Own or Have an Interest In | | | | |
| □ No. Go to Pa | , , | | · | dence, building, land, or similar property? | | | | |
| 1.1 | | | Wha | t is the property? Check all that apply | | | | |
| 1865 200 Street addres |) VV s, if available, or other des | scription | | Single-family home | | | | or exemptions. Put |
| | -, | | | Duplex or multi-unit building Condominium or cooperative | the amount of any secured clair Creditors Who Have Claims Se | | | |
| Angola | IN | 46703-0000 | | | Current va | | | rrent value of the rtion you own? |
| City | State | ZIP Code | | | \$20 | 00,000.00 | | \$200,000.00 |
| | | | | | | | | ownership interest by the entireties, or |
| | | | Who | has an interest in the property? Check one Debtor 1 only | a life estat | e), if known. | | |
| Steuben | | | | · | | | | |
| County | | | | · | — Chaol | , if this is som | mun | ity proporty |
| | | | | At least one of the debtors and another er information you wish to add about this itemetry identification number: | (see ins | c if this is com structions) cal | iiiun | ity property |
| | | | Beir | ng leased to purchase to Brad Buck, ,000 of the \$200,000 owed | Johnny Lei | mas Firewo | rks; | has paid |

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| Deb | tor 1 Frank Carte | er DeHa | ven Baade | | Case | number (if known) | | |
|-----|---|----------------|------------|-----|---|--|----------|---|
| 1.2 | If you own or have 1285 West Lake S | Street | · | | t is the property? Check all that apply Single-family home | | | ims or exemptions. Put I claims on <i>Schedule D:</i> |
| | | , or ourse doc | on pusi. | | Duplex or multi-unit building Condominium or cooperative | | | is Secured by Property. |
| | Pleasant Lake | IN | 46779-0000 | | Manufactured or mobile home Land | Current value of t entire property? | he | Current value of the portion you own? |
| | City | State | ZIP Code | | ' ' ' | \$100,000 | .00 | \$100,000.00 |
| | | | | | Timeshare Other | | | our ownership interest |
| | | | | | has an interest in the property? Check one Debtor 1 only | (such as fee simple, tenancy by the entireties, or a life estate), if known. | | |
| | Steuben | | | | Debtor 2 only | - | | |
| | County | | | | Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this (see instructions | | munity property |
| | | | | | r information you wish to add about this iten erty identification number: | n, such as local | | |
| 1.3 | If you own or have 20 Lane 325 Lake Street address, if available, | James | A-3 | | t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of any | secured | ims or exemptions. Put claims on <i>Schedule D:</i> as <i>Secured by Property</i> . |
| | Angola | IN | 46703-0000 | | Manufactured or mobile home Land | Current value of t entire property? | he | Current value of the portion you own? |
| | City | State | ZIP Code | | Investment property | \$450,000 | 0.00 | \$450,000.00 |
| | | | | | Timeshare Other | (such as fee simp | le, tena | our ownership interest ancy by the entireties, or |
| | | | | wno | has an interest in the property? Check one Debtor 1 only | a life estate), if known. | | |
| | Steuben | | | | Debtor 2 only | | | |
| | County | | | | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | munity property |
| | | | | | r information you wish to add about this iten erty identification number: | (see instructions |) | |
| | | | | | Owned with debtor's company, Baade | e Management C | omap | ny, Inc. |
| | | | | | | ı | | |
| | | | | | your entries from Part 1, including any r here | | | \$750,000.00 |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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| | Frank Carter DeHaven Baade | <u>; </u> | Case number (if known) | |
|---|---|---|--|---|
| . Cars. van | s, trucks, tractors, sport utility | vehicles, motorcycles | | |
| _ | , , , , | ,, | | |
| ☐ No | | | | |
| Yes | | | | |
| | | | | |
| 3.1 Make: | Chevy | Who has an interest in the property? Check one | Do not deduct secured cla | |
| Model: | | ■ Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| Year: | 2017 | Debtor 2 only | | |
| | ximate mileage: 127000 | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | information: | ☐ At least one of the debtors and another | | , , |
| | | 1 | | |
| | | Check if this is community property (see instructions) | \$15,000.00 | \$15,000.00 |
| 3.2 Make: | | Who has an interest in the property? Check one | Do not deduct secured cla | aims or exemptions. Put |
| | I I | · _ | the amount of any secure Creditors Who Have Clair | |
| Model: Year: | 2004 | Debtor 1 only | | |
| | ximate mileage: 90000 | ☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ | Current value of the entire property? | Current value of the portion you own? |
| | information: | ☐ At least one of the debtors and another | onine property: | por morri you our |
| | | At least one of the deptors and another | | |
| | | ☐ Check if this is community property (see instructions) | \$15,000.00 | \$15,000.00 |
| | Dadas | • | Do not deduct secured cla | aims or exemptions. But |
| 3.3 Make: | | Who has an interest in the property? Check one | the amount of any secure | d claims on Schedule D: |
| Model: | | Debtor 1 only | Creditors Who Have Clair | ns Secured by Property. |
| Year: | 2016 | Debtor 2 only | Current value of the | Current value of the |
| | ximate mileage: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Other | information: | At least one of the debtors and another | | |
| | | | Ф 7 БОО ОО | A |
| debto | nterst as Jointly owned with or's company, Baade | Check if this is community property | \$7,500.00 | \$7,500.00 |
| debto Mang | or's company, Baade gement Company, Inc. | (see instructions) | | \$7,500.0 |
| debto Mang . Watercraf Examples: No Yes | or's company, Baade gement Company, Inc. gement Company, Inc. ft, aircraft, motor homes, ATVs a Boats, trailers, motors, personal v | and other recreational vehicles, other vehicles, awatercraft, fishing vessels, snowmobiles, motorcycle | nd accessories accessories | \$7,500.00 |
| debto Mang Watercraf Examples: No Yes Add the co | or's company, Baade gement Company, Inc. ft, aircraft, motor homes, ATVs are Boats, trailers, motors, personal was a company to the portion you do | (see instructions) and other recreational vehicles, other vehicles, a | nd accessories accessories | \$37,500.00 |
| debto Mang Watercraf Examples: No Yes Add the conpages you | or's company, Baade gement Company, Inc. ft, aircraft, motor homes, ATVs at Boats, trailers, motors, personal with the portion you do not have attached for Part 2. Write | end other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle own for all of your entries from Part 2, including a e that number here | nd accessories accessories | |
| debto Mang Watercraf Examples: No Yes Add the congress your | or's company, Baade gement Company, Inc. ft, aircraft, motor homes, ATVs are Boats, trailers, motors, personal with the portion you could have attached for Part 2. Writteribe Your Personal and Household | end other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle own for all of your entries from Part 2, including a e that number here | nd accessories accessories any entries for | \$37,500.00 |
| debto Mang . Watercraf Examples: No Yes . Add the conges you Part 3: Description of the pages you | dollar value of the portion you obtained attached for Part 2. Writeribe Your Personal and Household or have any legal or equitable | end other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle own for all of your entries from Part 2, including a e that number here | nd accessories accessories any entries for | |
| debto Mang . Watercraf Examples: No Yes Solution Yes Do you own . Househol Examples No | dollar value of the portion you obu have attached for Part 2. Writeribe Your Personal and Household or have any legal or equitable of the portion you obuse the portion of have any legal or equitable of the portion your personal and Household or have any legal or equitable of the portion your personal and Household or have any legal or equitable of the portion your personal and Household or have any legal or equitable of the portion your personal and Household or have any legal or equitable of the portion your personal and Household or have any legal or equitable of the portion your personal and Household or have any legal or equitable of the portion your personal and Household or have any legal or equitable of the portion your personal and Household or personal | and other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle own for all of your entries from Part 2, including a e that number here | nd accessories accessories any entries for | \$37,500.00 Current value of the cortion you own? Do not deduct secured |
| debto Mang . Watercraf Examples: No Yes Solution Yes Do you own . Househol Examples No | or's company, Baade gement Company, Inc. ft, aircraft, motor homes, ATVs are Boats, trailers, motors, personal was dollar value of the portion you could have attached for Part 2. Write cribe Your Personal and Household in or have any legal or equitable and goods and furnishings | and other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle own for all of your entries from Part 2, including a e that number here | nd accessories accessories any entries for | \$37,500.00 Current value of the cortion you own? Do not deduct secured |
| debto Mang . Watercraf Examples: No Yes S Add the contages your own Do you own . Household Examples No | dollar value of the portion you obu have attached for Part 2. Writeribe Your Personal and Household or have any legal or equitable of the portion you can be any legal or equitable of the portion your personal and household or have any legal or equitable of the portion your personal and household or have any legal or equitable of the portion your personal and household or have any legal or equitable of the portion your personal and household or have any legal or equitable of the portion your personal and household or personal and household or personal and furnishings or have any legal or equitable. | and other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle own for all of your entries from Part 2, including a e that number here | nd accessories accessories any entries for | \$37,500.00 Current value of the cortion you own? Do not deduct secured |

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

| | ebtor 1 | Frank Carter | DeHaven Baade | Case number (if known) | |
|-----|---|---|--|----------------------------------|---|
| | ☐ Yes. | Describe | | | |
| | Example No | | figurines; paintings, prints, or other artwork; books, pictures, or ons, memorabilia, collectibles | other art objects; stamp, coin, | or baseball card collections; |
| | | | | | |
| | Equipm Example No | nent for sports ar les: Sports, photo musical instru | graphic, exercise, and other hobby equipment; bicycles, pool ta | bles, golf clubs, skis; canoes a | nd kayaks; carpentry tools; |
| | | Describe | | | |
| | □ No | ples: Pistols, rifles | s, shotguns, ammunition, and related equipment | | |
| | ■ Yes. | Describe | | | |
| | | | Smith & Wesson Firearm | | \$200.00 |
| | □ No [′] | | othes, furs, leather coats, designer wear, shoes, accessories | | |
| | | | Clothing | | \$500.00 |
| 13. | ■ No □ Yes. Non-fa Examp ■ No □ Yes. Any ot | ples: Everyday jev Describe arm animals ples: Dogs, cats, l Describe | d household items you did not already list, including any he | | old, silver |
| 15 | | | of all of your entries from Part 3, including any entries for p number here | ages you have attached | \$5,700.00 |
| | | escribe Your Finand wn or have any le | cial Assets egal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | □ No | | nave in your wallet, in your home, in a safe deposit box, and on | hand when you file your petitio | n |
| | | | | Cash | \$400.00 |

| De | ebtor 1 | Frank Carter D | eHaven | Baade | | Case number | (if known) | |
|-----|------------------------------------|---|---|--|---|----------------------|---------------------|---------------------|
| 17. | | | | | ints; certificates of deposit; shares | in credit unions, br | okerage houses, an | d other similar |
| | □ No | institutions. If | you nave | e muitipie accounts v | vith the same institution, list each. | | | |
| | _ | | | | Institution name: | | | |
| | | | 17.1. | Checking 8019 | First Federal (Social Secu | urity deposits) | | \$700.00 |
| 18. | | , mutual funds, or oles: Bond funds, in | | | erage firms, money market accoun | nts | | |
| | ☐ Yes | | Ir | nstitution or issuer na | ame: | | | |
| 19. | | ublicly traded stoo enture | ck and in | nterests in incorpor | ated and unincorporated busine | esses, including a | n interest in an LL | C, partnership, and |
| | ■ Yes. | Give specific infor | | bout theme of entity: | | % of ownersh | hip: | |
| | | | Baad | de Mangement Co | empany, Inc., aka BMC, Inc. | 100 | % | \$0.00 |
| | | | Cust | tom Canopy, Inc. | | 50 | % | \$0.00 |
| | Negoti Non-ne ■ No □ Yes. | <i>iable instruments</i> in | nclude pe nts are th mation ab Issue | ersonal checks, cash lose you cannot trans bout them er name: | able and non-negotiable instrum iers' checks, promissory notes, and sfer to someone by signing or deliv | d money orders. | | |
| | ■ No | oles: Interests in IR | | | 3(b), thrift savings accounts, or oth | er pension or profi | t-sharing plans | |
| | | | Type of | account: | Institution name: | | | |
| 22. | Your s | | deposits | you have made so the | hat you may continue service or us ublic utilities (electric, gas, water), t | | | ers |
| | | | | | Institution name or individual: | : | | |
| 23. | Annuit | ies (A contract for a | a periodio | c payment of money | to you, either for life or for a numb | er of years) | | |
| | ■ No □ Yes | lssu | er name | and description. | | | | |
| 24. | | ts in an education C. §§ 530(b)(1), 52 | | | alified ABLE program, or under a | a qualified state to | uition program. | |
| | ☐ Yes | Insti | tution na | me and description. | Separately file the records of any i | interests.11 U.S.C. | . § 521(c): | |
| 25. | _ ` | , equitable or futu | re intere | ests in property (oth | ner than anything listed in line 1) | , and rights or po | wers exercisable f | or your benefit |
| | ■ No □ Yes. | Give specific inform | mation al | bout them | | | | |
| 26. | | | | | other intellectual property s from royalties and licensing agree | ements | | |

Official Form 106A/B Schedule A/B: Property page 5

 $\hfill \square$ Yes. Give specific information about them...

| D | ebtor 1 | Frank Carter DeHave | en Baade | Case number | (if known) | |
|----|-----------------------------------|---|---|--|------------------|---|
| 27 | Examp ■ No | | lusive licenses, cooperative assoc | ciation holdings, liquor licenses, professio | nal licenses | |
| | ☐ Yes. | Give specific information | about them | | | |
| M | oney or _l | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | _ | unds owed to you | | | | |
| | ■ No □ Yes. | Give specific information | about them, including whether you | already filed the returns and the tax yea | rs | |
| 29 | ■ No | | 7 . 1 | support, maintenance, divorce settlement | , property settl | ement |
| 30 | Examp ■ No | | ility insurance payments, disability insurance payments, disability is you made to someone else | benefits, sick pay, vacation pay, worker | s' compensatio | on, Social Security |
| 31 | . Interes Examp ■ No | ts in insurance policies les: Health, disability, or l | | ount (HSA); credit, homeowner's, or rente ue. Beneficiary: | r's insurance | Surrender or refund value: |
| 32 | If you a someo | | | s died ife insurance policy, or are currently entit | led to receive p | property because |
| 33 | Examp ■ No | | ent disputes, insurance claims, or | wsuit or made a demand for payment rights to sue | | |
| 34 | Other o | ontingent and unliquid | ated claims of every nature, incl | uding counterclaims of the debtor and | rights to set | off claims |
| | | Describe each claim | | | | |
| 35 | | ancial assets you did n | ot already list | | | |
| | ■ No □ Yes. | Give specific information | | | | |
| 36 | | | | ng any entries for pages you have atta | | \$1,100.00 |
| Pa | art 5: Des | scribe Any Business-Relate | ed Property You Own or Have an Inte | erest In. List any real estate in Part 1. | | |
| | Do you d ■ No. Go | | uitable interest in any business-rela | ted property? | | |

Official Form 106A/B Schedule A/B: Property page 6

☐ Yes. Go to line 38.

| Deb | or 1 Frank Carter DeHaven Baade | | | Case number (if known) | | |
|--------------|---|----------|------------------------|---------------------------|------|--------------|
| Part | 6: Describe Any Farm- and Commercial Fishing-Related Propert If you own or have an interest in farmland, list it in Part 1. | ty You C | Own or Have an Interes | st In. | | |
| 46. [| Do you own or have any legal or equitable interest in any t | farm- c | or commercial fishin | ig-related property? | | |
| | No. Go to Part 7. | | | | | |
| | ☐ Yes. Go to line 47. | | | | | |
| Part | 7: Describe All Property You Own or Have an Interest in Th | at You | Did Not List Above | | | |
| | Oo you have other property of any kind you did not alread Examples: Season tickets, country club membership No | y list? | | | | |
| | Yes. Give specific information | | | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Wr | ite that | t number here | | | \$0.00 |
| 55. | Part 1: Total real estate, line 2 | | | | | \$750,000.00 |
| 56. | Part 2: Total vehicles, line 5 | | \$37,500.00 | | | ψ130,000.00 |
| 57. | Part 3: Total personal and household items, line 15 | - | \$5,700.00 | | | |
| 58. | Part 4: Total financial assets, line 36 | _ | \$1,100.00 | | | |
| 59. | Part 5: Total business-related property, line 45 | - | \$0.00 | | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | _ | \$0.00 | | | |
| 61. | Part 7: Total other property not listed, line 54 | + _ | \$0.00 | | | |
| 62. | Total personal property. Add lines 56 through 61 | - | \$44,300.00 | Copy personal property to | otal | \$44,300.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | 2 | | | | \$794,300.00 |

| Debtor 1 | Frank Carter DeHa | aven Baade | | |
|---------------------|--------------------------|-------------|-----------|--------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| Case number | ankruptcy Court for the: | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. Specific laws that allow exemption |
|---|--|---|
| 20 Lane 325 Lake James A-3 Angola, IN 46703 Steuben County Co-Owned with debtor's company, Baade Management Comapny, Inc. Line from <i>Schedule A/B</i> : 1.3 | \$450,000.00 | \$19,300.00 Ind. Code § 34-55-10-2(c)(1) 100% of fair market value, up to any applicable statutory limit |
| 2016 Dodge Ram 1/2 interst as Jointly owned with debtor's company, Baade Mangement Company, Inc. Line from Schedule A/B: 3.3 | \$7,500.00 | \$4,550.00 Ind. Code § 34-55-10-2(c)(2) 100% of fair market value, up to any applicable statutory limit |
| Standard household goods and furnishings Line from <i>Schedule A/B</i> : 6.1 | \$5,000.00 | \$5,000.00 Ind. Code § 34-55-10-2(c)(2) 100% of fair market value, up to any applicable statutory limit |
| Smith & Wesson Firearm Line from <i>Schedule A/B</i> : 10.1 | \$200.00 | \$200.00 Ind. Code § 34-55-10-2(c)(2) 100% of fair market value, up to any applicable statutory limit |
| Clothing Line from Schedule A/B: 11.1 | \$500.00 | \$500.00 Ind. Code § 34-55-10-2(c)(2) 100% of fair market value, up to any applicable statutory limit |

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| Debtor | 1 Frank Carter DeHaven Baade | | Case number (if known) | | | | |
|---|--|--|---|--|--|--|--|
| | ief description of the property and line on chedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you cl | claim Specific laws that allow exemption | | | |
| | | Copy the value from Check only one box for each e Schedule A/B | | mption. | | | |
| _ | ash ne from <i>Schedule A/B</i> : 16.1 | \$400.00 | ■ \$4 | 400.00 Ind. Code § 34-55-10-2(c)(3) | | | |
| | | | 100% of fair market value any applicable statutory li | · • | | | |
| Checking 8019: First Federal (Social Security deposits) | | \$700.00 | ■ \$7 | 700.00 42 U.S.C. § 407 | | | |
| | ne from <i>Schedule A/B</i> : 17.1 | | 100% of fair market value any applicable statutory li | • • | | | |
| | re you claiming a homestead exemption ubject to adjustment on 4/01/22 and every No Yes. Did you acquire the property covere No Yes | 3 years after that for ca | ses filed on or after the date of a | , | | | |

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| | | | - | | _ | |
|-----------------|-------------------------------------|------------------------|---|--------------------------|--|-------------------|
| Fill ir | n this informat | tion to identify you | ır case: | | | |
| Debto | or 1 | Frank Carter De | Haven Baade | | | |
| | = | First Name | Middle Name Last Name | | | |
| Debto (Spous | _ | First Name | Middle Name Last Name | | | |
| Unite | ed States Bankr | ruptcy Court for the | NORTHERN DISTRICT OF INDIANA | | | |
| Case | number | | | | | |
| (if knov | | | | | ☐ Check | if this is an |
| | | | | | ameno | led filing |
| Offic | cial Form | 106D | | | | |
| | | | Who Have Claims Secure | ad by Property | , | 12/15 |
| <u> </u> | iedule D | . Creditors | Wild Have Claims Secure | ed by Froperty | | 12/13 |
| is need | | | If two married people are filing together, both are out, number the entries, and attach it to this form. | | | |
| 1. Do a | any creditors ha | ve claims secured b | y your property? | | | |
| | ☐ No. Check th | is box and submit t | his form to the court with your other schedules. | You have nothing else to | report on this form. | |
| | Yes. Fill in al | I of the information | below. | | | |
| Part | 1: List All S | Secured Claims | | | | |
| 2. Lis | t all secured cla | ims. If a creditor has | more than one secured claim, list the creditor separate | Column A | Column B | Column C |
| for ea | ch claim. If more | than one creditor has | s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name. | | Value of collateral that supports this | Unsecured portion |
| | Control Donn | Canital | - | value of collateral. | claim | if any |
| 2.1 | Central Penn Management | | Describe the property that secures the claim: | \$478,200.75 | \$200,000.00 | \$278,200.75 |
| | Creditor's Name | · | 1865 200 W Angola, IN 46703 | | | |
| | | | Steuben County | | | |
| | | | Being leased to purchase to Brad Buck, Johnny Lemas Fireworks; has | | | |
| | c/o Branson | l l | paid \$31,000 of the \$200,000 owed | | | |
| | 312 Walnut \$ 1800 | Street Suite | As of the date you file, the claim is: Check all that | | | |
| | Cincinnati, O | H 45202 | apply. | | | |
| - | | ty, State & Zip Code | Contingent | | | |
| | Number, Street, Cit | ly, State & Zip Code | ☐ Unliquidated☐ Disputed | | | |
| Who | owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | |
| □ De | ebtor 1 only | | ☐ An agreement you made (such as mortgage or s | secured | | |
| □ De | ebtor 2 only | | car loan) | | | |
| □ De | ebtor 1 and Debto | or 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At | least one of the | debtors and another | Judgment lien from a lawsuit | | | |
| | heck if this clain ommunity debt | n relates to a | Other (including a right to offset) | | | |
| Date o | debt was incurre | ed 03/18/2021 | Last 4 digits of account number 0320 |) | | |

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| Debtor 1 Frank Carter DeHaven Ba | | Case number (if known) | | |
|---|---|------------------------|-------------------------|--------------|
| First Name Middle N | ame Last Name | | | |
| Central Penn Capital Management, LLC | Describe the property that secures the claim: | \$478,200.75 | \$100,000.00 | \$378,200.75 |
| Creditor's Name c/o Branson D. Dunlop 312 Walnut Street Suite | 1285 West Lake Street Pleasant Lake, IN 46779 Steuben County | | | |
| 1800 | As of the date you file, the claim is: Check all that apply. | ı | | |
| Cincinnati, OH 45202 Number, Street, City, State & Zip Code | Contingent | | | |
| Who owes the debt? Check one. | ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or s | secured | | |
| Debtor 2 only | car loan) | 0004.04 | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred 03/18/2021 | Last 4 digits of account number 0320 | 0 | | |
| Central Penn Capital | | \$479.200.75 | \$450,000.00 | ¢217 602 75 |
| Management, LLC | Describe the property that secures the claim: | \$478,200.75 | 54 50,000.00 | \$217,602.75 |
| Creditor's Name | 20 Lane 325 Lake James A-3 Angola, IN 46703 Steuben County | | | |
| ala Bassasa B. Bussian | Co-Owned with debtor's company, | | | |
| c/o Branson D. Dunlop 312 Walnut Street Suite | Baade Management Comapny, Inc. | | | |
| 1800 | As of the date you file, the claim is: Check all that | J | | |
| Cincinnati, OH 45202 | apply. □ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only | ☐ An agreement you made (such as mortgage or s | secured | | |
| Debtor 2 only | car loan) | 0004.04 | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred03/18/21 | Last 4 digits of account number 0320 | 0 | | |
| 2.4 Frist Federal Savings Creditor's Name | Describe the property that secures the claim: | \$189,402.00 | \$450,000.00 | \$0.00 |
| Creditor's Name | 20 Lane 325 Lake James A-3 Angola, | | | |
| | IN 46703 Steuben County Co-Owned with debtor's company, | | | |
| 212 E Maumee | Baade Management Comapny, Inc. As of the date you file, the claim is: Check all that | | | |
| Angola, IN 46703 | apply. □ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or scar loan) | secured | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Gar loan) ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | |
| At least one of the debtors and another | • | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred10/12 | Last 4 digits of account number 0852 | 2 | | |

Official Form 106D

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| Debtor | 1 Frank Carter | DeHaven Baade | | Case number (if known) | |
|-----------|--|------------------------------|--------------------------------------|---|-------------|
| | First Name | Middle Name | Last Name | | |
| | | | | | |
| Add t | he dollar value of yo | our entries in Column A on t | his page. Write that number here | e: \$1,624,004.25 | |
| | is the last page of that number here: | your form, add the dollar va | lue totals from all pages. | \$1,624,004.25 | |
| Part 2: | List Others to I | Be Notified for a Debt Th | at You Already Listed | | |
| trying to | o collect from you f e creditor for any o | or a debt you owe to someo | ne else, list the creditor in Part 1 | hat you already listed in Part 1. For example, if a collectior 1, and then list the collection agency here. Similarly, if you ors here. If you do not have additional persons to be notif | ı have more |
| [] | Name, Number, Stre Frist Federal Sa | eet, City, State & Zip Code | | On which line in Part 1 did you enter the creditor? 2.4 | |
| | c/o James A. M 215 W. Maume | , 1 | | Last 4 digits of account number <u>F320</u> | |

Angola, IN 46703

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| | | | · · | | | | |
|--|---|--|---|----------------------------------|--|----------------------------------|--|
| Fill in this | s information to identify | your case: | | | | | |
| Debtor 1 | Frank Carter | DeHaven Baade | | | | | |
| | First Name | Middle Na | ame | Last Name | | | |
| Debtor 2 (Spouse if, fill | ing) First Name | Middle Na | ama | Last Name | | | |
| (Spouse II, IIII | ilig) Filst Name | | | | | | |
| United Sta | ates Bankruptcy Court for | the: NORTHERN | N DISTRICT OF IN | IDIANA | | | |
| Case num | ber | | _ | | | пс | heck if this is an |
| | | | | | | | mended filing |
| - | | | | | | | |
| | Form 106E/F | | | | | | |
| | ule E/F: Creditor | | | | Part 2 for creditors with NON | | 12/15 |
| Schedule G Schedule D left. Attach | Executory Contracts and Creditors Who Have Clain | Unexpired Leases (On ns Secured by Proper | fficial Form 106G). I ty. If more space is | Do not include needed, copy t | contracts on Schedule A/B: F any creditors with partially s the Part you need, fill it out, do not file that Part. On the t | secured claims number the ent | that are listed in tries in the boxes on the |
| Part 1: | List All of Your PRIORI | TY Unsecured Clai | ms | | | | |
| 1. Do any | creditors have priority un | secured claims agains | st you? | | | | |
| No. | Go to Part 2. | | | | | | |
| ☐ Yes | S. | | | | | | |
| Part 2: | List All of Your NONPR | IORITY Unsecured | Claims | | | | |
| | creditors have nonpriority | | | | | | |
| | | _ | | . vour other och | adula a | | |
| _ | You have nothing to report in | n this part. Submit this i | form to the court with | i your other sche | edules. | | |
| Yes | S. | | | | | | |
| unsecu | red claim, list the creditor sep | parately for each claim. | For each claim listed | d, identify what t | b holds each claim. If a credit ype of claim it is. Do not list clathree nonpriority unsecured c | aims already incl | luded in Part 1. If more |
| | | | | | | | Total claim |
| 4.1 A | pplied Bank | | Last 4 digits of acc | count number | 2749 | | \$2,234.00 |
| 47 | onpriority Creditor's Name 700 Exchange Court | | When was the deb | t incurred? | Opened 07/00 Last A | ctive 01/21 | |
| | oca Raton, FL 33431 umber Street City State Zip C | code | As of the date you | file, the claim i | s: Check all that apply | | |
| | ho incurred the debt? Chec | | , | ., | | | |
| | Debtor 1 only | | ☐ Contingent | | | | |
| | Debtor 2 only | | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | | ☐ Disputed | | | | |
| | At least one of the debtors | and another | Type of NONPRIOR | RITY unsecured | d claim: | | |
| | Check if this claim is for a | community | ☐ Student loans | | | | |
| | ebt the claim subject to offset' | ? | Obligations arising report as priority class | | ration agreement or divorce th | at you did not | |
| | No | | ☐ Debts to pension | n or profit-sharin | g plans, and other similar deb | :S | |
| | l Yes | | Other. Specify | Credit Card | | | - |
| | | | | | | | |

| Debtor | 1 Frank Carter DeHaven Baade | | Case number (if known) | | | | | | | |
|--------|---|---|---|-------------|--|--|--|--|--|--|
| 4.2 | Capital One | Last 4 digits of account number | 3798 | \$44,093.00 | | | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 12/13 Last Active 12/03/19 | | | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | | |
| | Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | ☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharir | an plane, and other similar debte | | | | | | | |
| | ■ No | | | | | | | | | |
| | Yes | Other. Specify Charge Acc | count | | | | | | | |
| 4.3 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 8974 | \$38,376.00 | | | | | | |
| | Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 08/10 Last Active 11/19/19 | | | | | | | |
| | Salt Lake City, UT 84130 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | | | |
| | Who incurred the debt? Check one. | no or the date you me, the dam | io. Shook all that apply | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | | | | |
| | ☐ Check if this claim is for a community | | | | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | | | |
| | Yes | Other. Specify Credit Card | | | | | | | | |
| 4.4 | Chase Card Services | Last 4 digits of account number | 5467 | \$7,339.00 | | | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 | When was the debt incurred? | Opened 12/18 Last Active 01/21 | | | | | | | |
| | Wilmington, DE 19850 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | | | |
| | Who incurred the debt? Check one. | П- и | | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | | |
| | Debtor 2 only | Unliquidated | | | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | | | | | |
| | At least one of the debtors and another | Student loans | a Jann. | | | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | | | | | | | |
| | ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | | | | | | | |
| | ☐ Yes | ■ Other Specify Credit Card | | | | | | | | |
| | | - Other. Specify - 575311 Out of | | | | | | | | |

| Debto | r 1 Frank Carter DeHaven Baade | | Case number (if known) | | | | | | |
|-------|--|--|---|------------|--|--|--|--|--|
| 4.5 | Credit One Bank | Last 4 digits of account number | 8432 | \$6.00 | | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 | When was the debt incurred? | Opened 04/18 Last Active 01/21 | | | | | | |
| | Las Vegas, NV 89193 | _ | | | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | | | |
| | Debtor 1 only | | | | | | | | |
| | ☐ Debtor 2 only | | | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | | |
| | □Yes | ■ Other. Specify Credit Card | | | | | | | |
| | | | | | | | | | |
| 4.6 | Credit One Bank Nonpriority Creditor's Name | Last 4 digits of account number | 9582 | \$5.00 | | | | | |
| | Attn: Bankruptcy Department Po Box 98873 | When was the debt incurred? | Opened 05/19 Last Active 12/10/20 | | | | | | |
| | Las Vegas, NV 89193 | when was the debt incurred? | 12/10/20 | | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | | | | | | | | |
| | ☐ Check if this claim is for a community | | | | | | | | |
| | debt | | | | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | | | | |
| | Yes | ■ Other. Specify Credit Card | | | | | | | |
| 4.7 | Discover Financial | Last 4 digits of account number | 8703 | \$3,208.00 | | | | | |
| | Nonpriority Creditor's Name | | Opened 07/49 Leet Active | | | | | | |
| | Attn: Bankruptcy Po Box 3025 | When was the debt incurred? | Opened 07/18 Last Active 1/14/21 | | | | | | |
| | New Albany, OH 43054 | | 1/11/21 | | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | Debtor 2 only | | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | | | | | | |
| | \square At least one of the debtors and another | | | | | | | | |
| | \square Check if this claim is for a community | _ | | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | | | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | | |
| | ☐ Yes | ■ Other. Specify Credit Card | | | | | | | |
| | | | | | | | | | |

| Debtor | Frank Carter DeHaven Baade | | | | | | | | | |
|--------|---|---|---|--------------|--|--|--|--|--|--|
| 4.8 | First Federal Savings Nonpriority Creditor's Name | Last 4 digits of account number | 0852 | \$189,402.00 | | | | | | |
| | 212 E Maumee Angola, IN 46703 | When was the debt incurred? | Opened 10/12 Last Active 9/08/20 | | | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | As of the date you file, the claim is: Check all that apply | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sena | ration agreement or divorce that you did not | | | | | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement of divorce that you did not | | | | | | | |
| | No | Debts to pension or profit-sharing | | | | | | | | |
| | Yes | Other. Specify Check Cred | it Or Line Of Credit | | | | | | | |
| 4.9 | Key Bank Na Nonpriority Creditor's Name | Last 4 digits of account number | 2004 | \$6,501.00 | | | | | | |
| | Attn: Bankruptcy 4910 Tiedeman Road | When was the debt incurred? | Opened 09/13 Last Active 05/19 | | | | | | | |
| | Brooklyn, OH 44144 | | | | | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Cneck all that apply | | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | | | |
| | ☐ Check if this claim is for a community | | | | | | | | | |
| | debt Is the claim subject to offset? | | | | | | | | | |
| | No | Debts to pension or profit-sharing | | | | | | | | |
| | Yes | Other. Specify Check Credit Or Line Of Credit | | | | | | | | |
| 4.1 | Synchrony Bank/Gap | Last 4 digits of account number | 4870 | \$2,702.00 | | | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 | When was the debt incurred? | Opened 07/17 Last Active 1/13/21 | | | | | | | |
| | Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | | | | |
| | Debtor 1 only | Continue t | | | | | | | | |
| | Debtor 2 only | ☐ Contingent | | | | | | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | rration agreement or divorce that you did not | | | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | | | |
| | □Yes | ■ Other. Specify Credit Card | | | | | | | | |

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| Debtor | Frank Carter DeHaven Baade | | Case number (if known) | |
|-----------|--|--|--|---------|
| 4.1 | | | | |
| 1 | Too Keller, Esq. | Last 4 digits of account numb | er | Unknown |
| | Nonpriority Creditor's Name 760 3rd Ave. SW, Ste | When was the debt incurred? | | |
| - | Carmel, IN 46032 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the cla | im is: Check all that apply | |
| | Debtor 1 only | П | | |
| | Debtor 2 only | ☐ Contingent | | |
| | Debtor 1 and Debtor 2 only | Unliquidated | | |
| | _ , | Disputed | and oleher | |
| | At least one of the debtors and another | Type of NONPRIORITY unsect Student loans | area ciaim: | |
| | ☐ Check if this claim is for a community debt | _ | | |
| | Is the claim subject to offset? | report as priority claims | eparation agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sh | aring plans, and other similar debts | |
| | □Yes | ■ Other. Specify legal fees | | |
| | | - Other: Specify | | |
| Part 3: | List Others to Be Notified About a D | ebt That You Already Listed | | |
| | | | at you already listed in Parts 1 or 2. For example r in Parts 1 or 2, then list the collection agency h | |
| have n | nore than one creditor for any of the debts the | hat you listed in Parts 1 or 2, list the a | dditional creditors here. If you do not have addit | |
| | ed for any debts in Parts 1 or 2, do not fill out | | one of the first of the control of t | |
| Capital | nd Address I One | On which entry in Part 1 or Part 2 did Line 4.2 of (<i>Check one</i>): | you list the original creditor? \square Part 1: Creditors with Priority Unsecured Claim | e |
| • | x 31293 | Ellio <u>The</u> of (Gradit Grad). | Part 2: Creditors with Nonpriority Unsecured Claim | |
| Salt La | ake City, UT 84131 | | — Fait 2. Orealions with Nonphority of Secured Of | dirio |
| | | Last 4 digits of account number | | |
| | nd Address | On which entry in Part 1 or Part 2 did | | |
| Capital | i One x 31293 | Line 4.3 of (Check one): | Part 1: Creditors with Priority Unsecured Claim | |
| | ake City, UT 84131 | | Part 2: Creditors with Nonpriority Unsecured C | laims |
| | • | Last 4 digits of account number | | |
| Name ar | nd Address | On which entry in Part 1 or Part 2 did | you list the original creditor? | |
| | Card Services | Line 4.4 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claim | S |
| | x 15369 | | ■ Part 2: Creditors with Nonpriority Unsecured C | laims |
| VVIIIIIII | gton, DE 19850 | Last 4 digits of account number | | |
| Nama ar | nd Address | On which entry in Part 1 or Part 2 did | you list the original creditor? | |
| | One Bank | Line 4.5 of (Check one): | Part 1: Creditors with Priority Unsecured Claim | S |
| Po Box | x 98872 | | ■ Part 2: Creditors with Nonpriority Unsecured Cl | |
| Las Ve | egas, NV 89193 | Look 4 digite of account number | | |
| | | Last 4 digits of account number | | |
| | nd Address | On which entry in Part 1 or Part 2 did | | |
| | One Bank x 98872 | Line 4.6 of (Check one): | Part 1: Creditors with Priority Unsecured Claim | |
| | egas, NV 89193 | | Part 2: Creditors with Nonpriority Unsecured C | laims |
| | , | Last 4 digits of account number | | |
| Name ar | nd Address | On which entry in Part 1 or Part 2 did | you list the original creditor? | |
| | er Financial | Line 4.7 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claim | S |
| Pob 15 | | | ■ Part 2: Creditors with Nonpriority Unsecured C | laims |
| vviimin | gton, DE 19850 | Last 4 digits of account number | | |
| Name or | nd Address | _ | you list the original creditor? | |
| Key Ba | | On which entry in Part 1 or Part 2 did Line 4.9 of (Check one): | you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claim | S |
| 4910 T | iedeman Road | | Part 2: Creditors with Nonpriority Unsecured Cl | |
| Brookly | yn, OH 44144 | Look 4 digito of account | . a.t 2. Groundle married priority of bootifed of | |
| | | Last 4 digits of account number | | |
| | nd Address | On which entry in Part 1 or Part 2 did | · <u> </u> | |
| Synchi | rony Bank/Gap | Line 4.10 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claim | S |

Schedule E/F: Creditors Who Have Unsecured Claims

Official Form 106 E/F

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Debtor 1 Frank Carter DeHaven Baade

Case number (if known)

Po Box 965005 Orlando, FL 32896

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|-----------------------|-----|--|-----|----------|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | 6g. | \$ | 0.00 |
| | 6h. | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount | 6i. | – | |
| | | here. | | \$ | 293,866.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 293,866.00 |

| Fill in this infor | mation to identify your | case: | | | | |
|---------------------|-------------------------------------|-------------------|------------|--|---------------------|--|
| Debtor 1 | Debtor 1 Frank Carter DeHaven Baade | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF INDIANA | | | |
| Case number | | | | | | |
| (if known) | | | | | Check if this is an | |
| | | | | | amended filing | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| F | Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|--|
| 2.1 | Brad Buck 1865 N 200 W Angola, IN 46703 | Contract lease to own re: 1865 N 200 W, Angola, IN 46703; \$31,000 of \$200,000 paid |

| Fill in thi | s information to identify your | case: | | |
|---------------------------------------|---|---|--|---|
| Debtor 1 | Frank Carter DeHa | aven Baade | | |
| Debioi 1 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, fi | First Name | Middle Name | Last Name | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF INDIANA | |
| Case nun | nber | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Officia | al Form 106H | | | |
| Sche | dule H: Your Cod | ebtors | | 12/15 |
| people ar fill it out, your nam | e filing together, both are equa and number the entries in the e and case number (if known) | ally responsible for supp boxes on the left. Attach . Answer every question | olying correct information. If months the Additional Page to this pa | ete and accurate as possible. If two married ore space is needed, copy the Additional Page, ge. On the top of any Additional Pages, write |
| No | | , ou are ming a joint edge, | ao not not ounor opouco de a coa | 35.61. |
| ■ Ye | | | | |
| 2. Wi | thin the last 8 years, have you | lived in a community pu | roperty state or territory? (Com | munity property states and territories include |
| | | | uerto Rico, Texas, Washington, an | |
| ■ No | o. Go to line 3. | | | |
| □ Ye | es. Did your spouse, former spou | use, or legal equivalent live | e with you at the time? | |
| in lin Form | e 2 again as a codebtor only i | f that person is a guaran | ntor or cosigner. Make sure you | pouse is filing with you. List the person shown have listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to fil |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZI | P Code | | mm 2: The creditor to whom you owe the debt ck all schedules that apply: |
| | | | 0.1.0 | a cocaa.coa. app.y. |
| 3.1 | Baade Management Compa | | ■ s | chedule D, line 2.1 |
| | 20 Lane 325 Lake James A Angola, IN 46703 | -3 | □s | chedule E/F, line |
| | Aligola, IIV 40703 | | □ S Cen | chedule G tral Penn Capital Management, LLC |
| | | | | train capital Management, LEC |
| | 5 1 11 | | | |
| 3.2 | Baade Management Compa 20 Lane 325 Lake James A | | | chedule D, line <u>2.2</u> |
| | Angola, IN 46703 | | | chedule E/F, line chedule G |
| | | | | tral Penn Capital Management, LLC |
| | | | | |
| 3.3 | Baade Management Compa | | | chedule D, line 2.3 |
| | 20 Lane 325 Lake James A Angola, IN 46703 | -o | | chedule E/F, line |
| | J=, | | | chedule G tral Penn Capital Management, LLC |
| | | | Cen | aar onn oapital management, LLO |

Schedule H: Your Codebtors

| Debtor 1 | Frank Carter DeHaven Baade | Case number (if known) |
|----------|--|--|
| | Additional Page to List More Codebtors | |
| | Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.4 | Baade Management Company, Inc. 20 Lane 325 Lake James A-3 Angola, IN 46703 | ■ Schedule D, line2.4 □ Schedule E/F, line □ Schedule G Frist Federal Savings |
| 3.5 | Baade Management Company, Inc. 20 Lane 325 Lake James A-3 Angola, IN 46703 | ☐ Schedule D, line ■ Schedule E/F, line4.11 ☐ Schedule G Too Keller, Esq. |

Schedule H: Your Codebtors

| Fill | in this information to identify yo | our case: | | | | | | | |
|-------------|--|---|--|-------------|-------|------------------------------------|-----------------------------------|------------------------------|----------|
| Deb | btor 1 Frank Ca | arter DeHaven Baade | | | _ | | | | |
| | btor 2 buse, if filing) | | | | _ | | | | |
| Uni | ited States Bankruptcy Court fo | r the: NORTHERN DISTRI | CT OF INDIANA | | _ | | | | |
| | se number | | - | | | Check if this i | led filing | ng postpetition | chanter |
| | | | | | | | | ollowing date: | |
| | fficial Form 106l | | | | | MM / DD/ | YYYY | | |
| | chedule I: Your II as complete and accurate as | | | | | | | | 12/15 |
| spo atta | plying correct information. If use. If you are separated and ch a separate sheet to this for the control of the | your spouse is not filing w rm. On the top of any additi | ith you, do not incluing ional pages, write yo | de inforr | natio | on about your sp case number (i | oouse. If m i known). <i>I</i> | ore space is Answer every | needed, |
| | information. | | Debtor 1 | | | | | iling spouse | |
| | If you have more than one jol attach a separate page with information about additional employers. | Employment status | ☐ Employed ■ Not employed | | | ☐ Emp | employed | | |
| | | Occupation | | | | | | | |
| | Include part-time, seasonal, o self-employed work. | Employer's name | | | | | | | |
| | Occupation may include stud or homemaker, if it applies. | ent Employer's address | | | | | | | |
| | | How long employed t | there? | | | | | | |
| Par | rt 2: Give Details About | | | | | | | | |
| Esti | mate monthly income as of the use unless you are separated. | • | you have nothing to r | eport for | any I | ine, write \$0 in th | e space. In | clude your noi | n-filing |
| | ou or your non-filing spouse have e space, attach a separate she | | ombine the informatio | n for all e | mplo | oyers for that pers | on on the li | ines below. If y | you need |
| | | | | | | For Debtor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, deductions). If not paid mont | salary, and commissions (bithly, calculate what the month | | 2. | \$ | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly of | vertime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. A | dd line 2 + line 3. | | 4. | \$ | 0.00 | \$ | N/A_ | |

| Deb | tor 1 | Frank Carter DeHaven Baade | - | Ca | ase number (<i>if kn</i> | own) | | | | |
|-----|--|---|--|----|---|--|---------------------------|------------------------|--|---------------------------------------|
| | Con | by line 4 here | 4. | | For Debtor 1 | 0.00 | | Debtor 2 filing spe | | |
| 5 | | | | · | | | , | | 14/7 | |
| 5. | 5a. 5b. 5c. 5d. 5e. 5f. | all payroll deductions: Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations | 5a. 5b. 5c. 5d. 5e. 5f. | 9 | 6 0 6 0 6 0 | 0.00 0.00 0.00 0.00 0.00 | \$ \$ \$ \$ | | N/A N/A N/A N/A N/A | |
| | 5g. 5h. | Union dues Other deductions. Specify: | 5g. 5h. | 9 | 5 0 | 0.00 | \$ | | N/A N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0 | 0.00 | \$ | | N/A | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0 | 0.00 | \$ | | N/A | |
| 8. | 8b. 8c. 8d. 8e. 8f. 8g. 8h. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: | 8c. 8d. 8e. | | 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | \$ \$ \$ \$ + \$ | | N/A N/A N/A N/A N/A N/A | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 1,813 | 3.00 | \$ | | N/A | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | \$ | 1,813.00 | + \$_ | | N/A = | \$ | 1,813.00 |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | deper | | | | • | chedule J 11. | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | | | \$ | |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | ionthly | / income |

Official Form 106l Schedule I: Your Income page 2

| E:II | in this informs | tion to inlocation | | | | 1 | | | |
|--|---------------------------------|---|--------------------------|---|---|------------------------------|--|--|--|
| FIII | in this informa | tion to identify y | our case: | | | | | | |
| Deb | tor 1 | Frank Carter | DeHaver | Baade | | _ | ck if this is: | | |
| Deb | tor 2 | | | | | _ | An amended filing | ving postpetition chapter | |
| | ouse, if filing) | | | | | | 13 expenses as of | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA | | | | | | MM / DD / YYYY | | | |
| | e number nown) | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | |
| S | chedule | J: Your | Exper | nses | | | | 12/15 | |
| Be info | as complete a | and accurate as | s possible eded, atta | . If two married people ar | e filing together, b form. On the top of | oth are equ f any additio | ally responsible fo onal pages, write y | or supplying correct your name and case | |
| Par 1. | t 1: Descr | ibe Your House | ehold | | | | | | |
| ١. | No. Go to | | | | | | | | |
| | | | in a separ | ate household? | | | | | |
| | □N | | • | | | | | | |
| | | | st file Offici | al Form 106J-2, Expenses | for Separate House | ehold of Deb | tor 2. | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | |
| | Do not list Do Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | □ No | |
| | dependents | names. | | | | | | ☐ Yes | |
| | | | | | | | | □ No □ Yes | |
| | | | | | | | | □ res | |
| | | | | | | | | ☐ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | ☐ Yes | |
| 3. | expenses of | enses include f people other t d your depende | han $_{\square}$ | No Yes | | | | | |
| Par | t 2: Estim | ate Your Ongo | ina Month | v Expenses | | | | | |
| Est | imate your ex | penses as of y | our bankr | uptcy filing date unless y y is filed. If this is a supp | | | | | |
| | | | | government assistance i | | | | | |
| | value of such ficial Form 10 | | d have ind | cluded it on Schedule I: Y | our Income | | Your exp | enses | |
| 4. | | or home owners and any rent for th | | ses for your residence. In | nclude first mortgag | e 4. \$ | s | 700.00 | |
| | If not includ | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | ; | 0.00 | |
| | | rty, homeowner' | s, or renter | 's insurance | | 4b. \$ | | 0.00 | |
| | 4c. Home | maintenance, re | epair, and ι | upkeep expenses | | 4c. \$ | | 0.00 | |
| _ | | owner's associa | | | | 4d. \$ | | 0.00 | |
| 5. | Additional r | nortgage paym | ents for yo | our residence, such as ho | me equity loans | 5. \$ | j | 0.00 | |

| Debtor | Frank Carter DeHaven Baade | Case num | ber (if known) | | | |
|--|--|----------|----------------|--------------------------|--|--|
| 6. U 1 | ilities: | | | | | |
| 68 | | 6a. | \$ | 200.00 | | |
| 6b | | 6b. | | 100.00 | | |
| 60 | | 6c. | · | 100.00 | | |
| 60 | | 6d. | | | | |
| | | 6u. | · | 0.00 | | |
| | ood and housekeeping supplies | | · | 400.00 | | |
| _ | nildcare and children's education costs | 8. | | 0.00 | | |
| | othing, laundry, and dry cleaning | 9. | · | 100.00 | | |
| | ersonal care products and services | 10. | · · | 0.00 | | |
| | edical and dental expenses | 11. | \$ | 0.00 | | |
| | ansportation. Include gas, maintenance, bus or train fare. o not include car payments. | 12. | \$ | 200.00 | | |
| | ntertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 | | |
| | naritable contributions and religious donations | 14. | · | 0.00 | | |
| | surance. | | Ψ | 0.00 | | |
| | o not include insurance deducted from your pay or included in lines 4 or 20. | | | | | |
| | ia. Life insurance | 15a. | \$ | 0.00 | | |
| | ib. Health insurance | 15b. | · | 0.00 | | |
| | ic. Vehicle insurance | 15c. | · | 0.00 | | |
| | id. Other insurance. Specify: | 15d. | · | 0.00 | | |
| | ixes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | * | 0.00 | | |
| Sp | pecify: | 16. | \$ | 0.00 | | |
| | stallment or lease payments: | | _ | | | |
| | a. Car payments for Vehicle 1 | 17a. | · | 0.00 | | |
| 17 | b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 | | |
| 17 | c. Other. Specify: | 17c. | \$ | 0.00 | | |
| 17 | d. Other. Specify: | 17d. | \$ | 0.00 | | |
| | our payments of alimony, maintenance, and support that you did not report as | | Φ. | 0.00 | | |
| | educted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | | | | |
| | ther payments you make to support others who do not live with you. | | \$ | 0.00 | | |
| | pecify: | 19. | _ | | | |
| | ther real property expenses not included in lines 4 or 5 of this form or on School | | | 0.00 | | |
| | a. Mortgages on other property | 20a. | · · | 0.00 | | |
| | b. Real estate taxes | 20b. | · | 0.00 | | |
| | c. Property, homeowner's, or renter's insurance | 20c. | · | 0.00 | | |
| | d. Maintenance, repair, and upkeep expenses | 20d. | | 0.00 | | |
| | e. Homeowner's association or condominium dues | 20e. | · · | 0.00 | | |
| l. O 1 | ther: Specify: | 21. | +\$ | 0.00 | | |
| 2. C a | alculate your monthly expenses | | | | | |
| | a. Add lines 4 through 21. | | \$ | 1,800.00 | | |
| | 2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | | | |
| | c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 1,800.00 | | |
| | .o. Add into 22d and 22d. The foodicto your monthly expenses. | | Ψ | 1,000.00 | | |
| 23. Calculate your monthly net income. | | | | | | |
| 23 | Ba. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,813.00 | | |
| 23 | b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 1,800.00 | | |
| | | | | | | |
| 23 | sc. Subtract your monthly expenses from your monthly income. | 00- | œ. | 13.00 | | |
| | The result is your monthly net income. | 23c. | \$ | 13.00 | | |
| Fo | by you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your odification to the terms of your mortgage? | | | or decrease because of a | | |
| _ | No. | | | | | |
| | Evolain here: | | | | | |

| Fill in this informa | ation to identify your | case: | | | |
|---|--|--|------------------------------|--|--|
| Debtor 1 | Frank Carter DeHa | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| , , , , , | | | T OF INDIANA | | |
| United States Bank | kruptcy Court for the: | NORTHERN DISTRIC | I OF INDIANA | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official Form | 106Dec | | | | |
| | | an Individual | Debtor's Scl | aaliibad | 40/45 |
| Declaration | on About a | an marvidua | Debiol 3 301 | iledules | 12/15 |
| You must file this f | form whenever you fi | ile bankruptcy schedule | s or amended schedules. | Making a false sta | tement, concealing property, or |
| obtaining money of | or property by fraud i U.S.C. §§ 152, 1341, 1 | n connection with a ban | | | tement, concealing property, or 200, or imprisonment for up to 20 |
| obtaining money o years, or both. 18 l | or property by fraud in U.S.C. §§ 152, 1341, 1 | n connection with a ban 1519, and 3571. | | fines up to \$250,0 | |
| obtaining money o years, or both. 18 l | or property by fraud in U.S.C. §§ 152, 1341, 1 | n connection with a ban 1519, and 3571. | kruptcy case can result in | fines up to \$250,0 | |
| obtaining money of years, or both. 18 leading Sign B Did you pay of No | or property by fraud in U.S.C. §§ 152, 1341, 1 | n connection with a ban 1519, and 3571. | kruptcy case can result in | fines up to \$250,0 | |
| obtaining money of years, or both. 18 leading Sign B Did you pay of No | or property by fraud in U.S.C. §§ 152, 1341, 1 | n connection with a ban 1519, and 3571. | kruptcy case can result in | ankruptcy forms? Attach Ba | 000, or imprisonment for up to 20 |
| obtaining money of years, or both. 18 lists and some sign of the source | or property by fraud in U.S.C. §§ 152, 1341, 1 | n connection with a ban 1519, and 3571. eone who is NOT an atto | kruptcy case can result in | ankruptcy forms? Attach Ba Declaration | on, and Signature (Official Form 119) |
| Did you pay o No Yes. Na Under penalty that they are to X /s/ Frank | or property by fraud in U.S.C. §§ 152, 1341, 10 Below or agree to pay some time of person y of perjury, I declare true and correct. Carter DeHaven Ba | n connection with a ban 1519, and 3571. The cone who is NOT an atto that I have read the sun and ande | rney to help you fill out ba | ankruptcy forms? Attach Ba Declaration | on, and Signature (Official Form 119) |
| Did you pay o No Yes. Na Under penalty that they are to X /s/ Frank Frank Ca | or property by fraud in U.S.C. §§ 152, 1341, 1 Below or agree to pay some time of person y of perjury, I declare true and correct. | n connection with a ban 1519, and 3571. The cone who is NOT an atto that I have read the sun and ande | rney to help you fill out ba | ankruptcy forms? Attach Ba Declaration | on, and Signature (Official Form 119) |

| Eill | in this inform | ation to identify you | r casa: | | | | | | | | |
|---|--|--|--|---|--|---|--|--|--|--|--|
| | | Frank Carter Del | | | | | | | | | |
| Debtor 1 | | First Name | Middle Name | Last Name | | | | | | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | | | | | | |
| | | kruptcy Court for the: | NORTHERN DISTRICT (| | | | | | | | |
| | | intropicy Court for the. | - NORTHERN BIOTHOT | 51 H451/H474 | | | | | | | |
| | se number | | | | | Check if this is an mended filing | | | | | |
| Sta | ıs complete aı | of Financial | ble. If two married people a | | equally responsible for sup | | | | | | |
| | | ore space is needed,). Answer every que | | this form. On the top of an | / additional pages, write you | ır name and case | | | | | |
| Par | t 1: Give De | etails About Your Ma | rital Status and Where You | Lived Before | | | | | | | |
| 1. | What is your | nat is your current marital status? | | | | | | | | | |
| | □ Married■ Not marr | ied | | | | | | | | | |
| 2. | During the la | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | | |
| | ■ No □ Yes. List | No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | | | |
| 3. state | | | | | ity property state or territory co, Texas, Washington and W | | | | | | |
| | ■ No □ Yes. Mal | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | | | | | | |
| Par | t 2 Explain | the Sources of You | r Income | | | | | | | | |
| 4. | Fill in the total | amount of income yo | u received from all jobs and a | ng a business during this yeall businesses, including partetogether, list it only once ur | | ndar years? | | | | | |
| | □ No | | | | | | | | | | |
| | Yes. Fill | in the details. | | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | | |
| For the calendar year before that: (January 1 to December 31, 2019) | | | ■ Wages, commissions, bonuses, tips | \$16,272.00 | ☐ Wages, commissions, bonuses, tips | | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | | |

Official Form 107

Debtor 1 Frank Carter DeHaven Baade

Case number (if known)

| | Debtor 1 | | Debtor 2 | |
|--|--|---|--|---|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | ☐ Wages, commissions, bonuses, tips | \$-13,080.00 | ☐ Wages, commissions, bonuses, tips | |
| | Operating a business | | ☐ Operating a business | |
| For the calendar year: (January 1 to December 31, 2018) | ■ Wages, commissions, bonuses, tips | \$16,272.00 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$76,349.00 | ☐ Wages, commissions, bonuses, tips | |
| | Operating a business | | ☐ Operating a business | |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|---|--------------------------------------|---|--------------------------------------|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | SS Beneifts | \$5,439.00 | | |
| For last calendar year: (January 1 to December 31, 2020) | SS Benefits | \$21,756.00 | | |
| For the calendar year before that: (January 1 to December 31, 2019) | SS Benefits | \$22,871.00 | | |
| For the calendar year: (January 1 to December 31, 2018) | Dividends | \$3,325.00 | | |
| | SS Benefits | \$22,248.00 | | |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

^{*} Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

| De | btor 1 Fr | ank Carter | DeHaven Baade | | Cas | se number (if known) | | |
|-----|-----------------------------|-------------------------------|---|---|---|---|---|---|
| | | | | | | | | |
| | ☐ Yes. | | | ve primarily consumer de d for bankruptcy, did you p | | al of \$600 or more | ? | |
| | | □ No. | Go to line 7. | | | | | |
| | | ☐ Yes | List below each credit | or to whom you paid a tota domestic support obligation uptcy case. | | | | |
| | Creditor | 's Name and | d Address | Dates of payment | Total amount paid | Amount you still owe | Was this paym | ent for |
| 7. | Insiders in of which y | nclude your i ou are an of | elatives; any general pa fficer, director, person in | cy, did you make a paym artners; relatives of any ger control, or owner of 20% of 1 U.S.C. § 101. Include pa | neral partners; partne or more of their voting | erships of which yog g securities; and a | ou are a general pa ny managing ager | artner; corporation nt, including one fo |
| | ■ No | L'at all a sur | | | | | | |
| | | Name and | nents to an insider. Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this | s payment |
| 8. | | year before | you filed for bankrupt | cy, did you make any pay | ments or transfer a | any property on a | ccount of a debt | that benefited ar |
| | insider? Include pa | ayments on | debts guaranteed or cos | signed by an insider. | | | | |
| | ■ No | | | | | | | |
| | ☐ Yes. | List all payn | nents to an insider | | | | | |
| | Insider's | Name and | Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this Include creditor | |
| Pa | rt 4: Ide | ntify Legal . | Actions, Repossession | ns. and Foreclosures | | | | |
| 9. | List all sumodification | ch matters, i ons, and cor | ncluding personal injury ntract disputes. | cy, were you a party in a cases, small claims actior | | | | |
| | Case titl | Fill in the de | etails. | Nature of the case | Court or agency | | Status of the c | 250 |
| | Case nu | | | Nature of the case | Court of agency | | Otatus of the c | asc |
| | Northern FRANK 19CV00 | BAADE | nt Company Inc vs | CIVIL JUDGMENT | WAUKESHA CIRCUIT COURT - WAUKESHA | | ☐ Pending ☐ On appeal ☐ Concluded | |
| | | | | | | | - 236,542.00 | |
| | LLC vs. | | tal Management, Baade, et al 00320 | mortgage foreclosure | Steuben Circuit | Court | ■ Pending □ On appeal □ Concluded | |
| 10. | | | you filed for bankrupt nd fill in the details below | cy, was any of your prop N. | erty repossessed, f | oreclosed, garnis | shed, attached, s | eized, or levied? |
| | _ | Go to line 11 | | | | | | |
| | | Name and | formation below. Address | Describe the Property | | Date | | Value of the |
| | | | | Explain what happene | d | | | property |

Official Form 107

Case number (if known)

| 11. | Within 90 days before you filed for bank accounts or refuse to make a payment b ■ No □ Yes. Fill in the details. | | did any creditor, including a bank or financial ins you owed a debt? | stitution, set off any a | nmounts from your | | |
|-----|---|---|--|---|---------------------------|--|--|
| | Creditor Name and Address | De | scribe the action the creditor took | Date action was taken | Amount | | |
| | court-appointed receiver, a custodian, c ■ No □ Yes | hin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a urt-appointed receiver, a custodian, or another official? | | | | | |
| Par | | | | | _ | | |
| 13. | Within 2 years before you filed for bank No Yes. Fill in the details for each gift. Gifts with a total value of more than \$6 | | did you give any gifts with a total value of more t Describe the gifts | han \$600 per person? Dates you gave | ? Value | | |
| | per person Person to Whom You Gave the Gift and Address: | | | the gifts | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. | | | | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo | | Describe what you contributed | Dates you contributed | Value | | |
| Par | t 6: List Certain Losses | | | | | | |
| 15. | Within 1 year before you filed for bankroor gambling? No Yes. Fill in the details. | uptcy or | since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster | | |
| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the loss the amount that insurance has paid. List pending not claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | |
| Par | t 7: List Certain Payments or Transfer | 's | | | | | |
| 16. | consulted about seeking bankruptcy or | preparir | id you or anyone else acting on your behalf pay on a bankruptcy petition? s, or credit counseling agencies for services require | | rty to anyone you | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | |
| | Adelsperger & Kleven, LLP 111 West Wayne Street Fort Wayne, IN 46802 | | \$5,000.00 attty fees \$338.00 filing fee | 2/2/2021 | \$5,338.00 | | |

Debtor 1 Frank Carter DeHaven Baade

| Debtor 1 Frank Carter DeHaven Baade | Debtor 1 | Frank C | Carter [| DeHaven | Baade |
|-------------------------------------|----------|---------|----------|---------|-------|
|-------------------------------------|----------|---------|----------|---------|-------|

Case number (if known)

| 17. | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or Do not include any payment or transfer that you list No Yes. Fill in the details. | or to make payments | | | r transfer any proper | ty to anyone who |
|--|--|---|-----------------------------|-------------------|---|---|
| | Person Who Was Paid Address | Description and va transferred | alue of any prop | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin Include both outright transfers and transfers made include gifts and transfers that you have already list No Yes. Fill in the details. | ness or financial affa as security (such as the | irs? ne granting of a se | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and va property transferre | | | any property or received or debts change | Date transfer was made |
| 19. | 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | of which you are a | |
| | Name of trust | Description and va | alue of the prope | erty transferre | ed | Date Transfer was made |
| List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your bene sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | unions, brokerage | | |
| | | ast 4 digits of ecount number | Type of accoun instrument | clo mo | te account was sed, sold, ved, or nsferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? No Yes. Fill in the details. | r before you filed for | bankruptcy, any | safe deposit | t box or other deposi | tory for securities, |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, St State and ZIP Code) | | Describe the (| contents | Do you still have it? |
| | First Federal 212 E Maumee Angola, IN 46703 | Debtor | | | | □ No ■ Yes |
| 22. | Have you stored property in a storage unit or p No | place other than your | home within 1 ye | ear before yo | ou filed for bankruptc | y? |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe the (| contents | Do you still have it? |

Debtor 1 Frank Carter DeHaven Baade

Case number (if known)

| Pai | t 9: Identify Property You Hold or Control for | Someone Else | | | | | |
|-----|---|---|--------|------------------------------------|-----------------------|--|--|
| 23. | 3. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Des | scribe the property | Value | | |
| Pai | t 10: Give Details About Environmental Inform | ation | | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, groun | _ | • | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | | law, | whether you now own, operate, | or utilize it or used | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | nmental law defines as a hazardous | s was | ste, hazardous substance, toxic | substance, | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of whe | n the | y occurred. | | | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liable | e und | ler or in violation of an environm | ental law? | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice | | |
| 26. | Have you been a party in any judicial or admini | strative proceeding under any env | rironr | nental law? Include settlements | and orders. | | |
| | ■ No | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ture of the case | Status of the case | | |
| Pai | t 11: Give Details About Your Business or Cor | nnections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have a | ny of | the following connections to an | y business? | | |
| | ☐ A sole proprietor or self-employed in a | - | - | _ | | | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnersh | nip (L | LP) | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing execu | tive of a corporation | | | | | |
| | ■ An owner of at least 5% of the voting or | r equity securities of a corporation | 1 | | | | |

Official Form 107

Case 21-10331-reg Doc 1 Filed 03/31/21 Page 42 of 53

| Deb | otor 1 Frank Carter DeHaven Baade | C | ase number (if known) |
|-----------------------|--|--|---|
| | | | |
| | ☐ No. None of the above applies. Go to | Part 12. | |
| | Yes. Check all that apply above and fil | I in the details below for each business. | |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | · |
| | Baade Management Company, Inc. | Canopy Sales | Dates business existed EIN: 35-1954410 |
| | aka BMC, Inc. | Carlopy Sales | 00 100 1110 |
| | 20 Lane 325 Lake James A-3 Angola, IN 46703 | Thomas Danford | From-To 3/31/2021 |
| | institutions, creditors, or other parties. ■ No □ Yes. Fill in the details below. Name | Date Issued | |
| | Address (Number, Street, City, State and ZIP Code) | | |
| Par | t 12: Sign Below | | |
| are t with 18 U | | false statement, concealing property, or | declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both. |
| | nk Carter DeHaven Baade | Signature of Debtor 2 | |
| Sig | nature of Debtor 1 | | |
| Dat | March 31, 2021 | Date | |
| Did : ■ N □ Y | • | ent of Financial Affairs for Individuals Fili | ng for Bankruptcy (Official Form 107)? |
| Did : | you pay or agree to pay someone who is no | t an attorney to help you fill out bankrupt | cy forms? |
| | Yes. Name of Person Attach the <i>Bankru</i> | uptcy Petition Preparer's Notice, Declaration, | and Signature (Official Form 119). |

| Fill in this infor | | | | |
|---|-------------------|-------------------|------------|--------------------|
| Debtor 1 | Frank Carter DeHa | aven Baade | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF INDIANA | |
| Case number (if known) | | | | ☐ Check if this is |
| | | | | amended filing |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's Central Penn Capital Management, LLC | Surrender the property.Retain the property and redeem it. | ■ No |
| Description of property Steuben County securing debt: Being leased to purchase to Brad Buck, Johnny Lemas Fireworks; has paid \$31,000 of the \$200,000 owed | □ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]: | ☐ Yes |
| Creditor's Central Penn Capital Management, name: LLC | ■ Surrender the property. □ Retain the property and redeem it. | ■ No |
| Description of property Lake, IN 46779 Steuben County securing debt: | □ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]: | □Yes |
| Creditor's Central Penn Capital Management, LLC | Surrender the property. | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

| De | btor 1 Frank | Carter DeHaven Baade | Case number (if known) | |
|---------------------|--|--|--|-----------------------------------|
| 1 | name: Description of property securing debt: | 20 Lane 325 Lake James A-3 Angola, IN 46703 Steuben County Co-Owned with debtor's company, Baade Management Comapny, Inc. | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ■ Yes |
| 1 | Creditor's Friname: Description of property securing debt: | ist Federal Savings 20 Lane 325 Lake James A-3 Angola, IN 46703 Steuben County Co-Owned with debtor's company, Baade Management Comapny, Inc. | ■ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ No ■ Yes |
| For in tl You | any unexpired he information I may assume | below. Do not list real estate leases. Ur an unexpired personal property lease if | I in Schedule G: Executory Contracts and Unexpire nexpired leases are leases that are still in effect; the the trustee does not assume it. 11 U.S.C. § 365(p)(| e lease period has not yet ended. |
| | scribe your un | Brad Buck | | □ No ■ Yes |
| | | | | |
| | scription of leas | Contract lease to own re: 1865 N \$200,000 paid | N 200 W, Angola, IN 46703; \$31,000 of | |
| Pro Pa | operty: Sign Bedder penalty of perty that is su | \$200,000 paid | y intention about any property of my estate that se | cures a debt and any personal |
| Pa Unc | st 3: Sign Beder penalty of perty that is su /s/ Frank Carter Signature of | \$200,000 paid perjury, I declare that I have indicated mubject to an unexpired lease. arter DeHaven Baade er DeHaven Baade | | cures a debt and any personal |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| (| Chapter 7: | Liquidation | |
|----------|-------------|--------------------|--|
| | \$245 | filing fee | |
| | \$78 | administrative fee | |
| <u> </u> | <u>\$15</u> | trustee surcharge | |
| | \$338 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Indiana

| In re | Frank Carter DeHaven Baade | | Case No | o | |
|-------------|---|---|---------------------------------------|-------------------------|-----------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPI | ENSATION OF ATTOR | NEY FOR I | DEBTOR(S) | |
| C | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 ompensation paid to me within one year before the file rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy, o | or agreed to be pa | id to me, for services | |
| | For legal services, I have agreed to accept | | \$ | 5,000.00 | |
| | Prior to the filing of this statement I have received | | | 5,000.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. T | he source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. T | he source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. I | I have not agreed to share the above-disclosed con | npensation with any other person u | nless they are me | mbers and associates | of my law firm. |
| [| I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n | | | | y law firm. A |
| 5. I | n return for the above-disclosed fee, I have agreed to | render legal service for all aspects | of the bankruptc | y case, including: | |
| b c. | Analysis of the debtor's financial situation, and ren Preparation and filing of any petition, schedules, st Representation of the debtor at the meeting of cred [Other provisions as needed] Preparation and filing of reaffirmation agr to 11 USC 522(f)(2)(A) for avoidance of li | atement of affairs and plan which it itors and confirmation hearing, and eements and applications as ne | may be required; I any adjourned h | earings thereof; | |
| 6. B | by agreement with the debtor(s), the above-disclosed in Representation of the debtors in any discussion adversary proceeding. | | | lief from stay action | ns or any other |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of ankruptcy proceeding. | any agreement or arrangement for p | payment to me fo | r representation of the | e debtor(s) in |
| Ма | arch 31, 2021 | /s/ Douglas R. Adel | sperger | | |
| Da | | Douglas R. Adelspe | erger 14174-21 | | |
| | | Signature of Attorney Adelsperger & Klev | | | |
| | | 111 West Wayne S | treet | | |
| | | Fort Wayne, IN 468 260/407-7077 Fax | | | |
| | | Name of law firm | . 200/407-7137 | | |
| | | | | | |

| United States Bankruptcy Court Northern District of Indiana | | | | | | | |
|--|--------------------------------|----------|---|--|--|--|--|
| In re Frank Carter DeHaven Baade | | Case No. | | | | | |
| | Debtor(s) | Chapter | 7 | | | | |
| VERIFICATION OF CREDITOR MATRIX The above-named debtor(s) verifies under penalty of perjury that the attached list of creditors is true and correct to the best of his/her knowledge. | | | | | | | |
| Date: March 31, 2021 | /s/ Frank Carter DeHaven Baade | | | | | | |
| | Frank Carter DeHaven Baade | | | | | | |

Signature of Debtor

INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101-7346

INDIANA DEPARTMENT OF REVENUE N203 ATTN: BANKRUPTCY 100 N. SENATE AVE. INDIANAPOLIS, IN 46204

APPLIED BANK 4700 EXCHANGE COURT BOCA RATON, FL 33431

BRAD BUCK 1865 N 200 W ANGOLA, IN 46703

CAPITAL ONE ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY, UT 84130

CAPITAL ONE PO BOX 31293 SALT LAKE CITY, UT 84131

CENTRAL PENN CAPITAL MANAGEMENT, LLC C/O BRANSON D. DUNLOP 312 WALNUT STREET SUITE 1800 CINCINNATI, OH 45202

CHASE CARD SERVICES ATTN: BANKRUPTCY PO BOX 15298 WILMINGTON, DE 19850

CHASE CARD SERVICES PO BOX 15369 WILMINGTON, DE 19850 CREDIT ONE BANK ATTN: BANKRUPTCY DEPARTMENT PO BOX 98873 LAS VEGAS, NV 89193

CREDIT ONE BANK
PO BOX 98872
LAS VEGAS, NV 89193

DISCOVER FINANCIAL ATTN: BANKRUPTCY PO BOX 3025 NEW ALBANY, OH 43054

DISCOVER FINANCIAL POB 15316 WILMINGTON, DE 19850

FIRST FEDERAL SAVINGS 212 E MAUMEE ANGOLA, IN 46703

FRIST FEDERAL SAVINGS 212 E MAUMEE ANGOLA, IN 46703

FRIST FEDERAL SAVINGS C/O JAMES A. MCENTARFER, ESQ. 215 W. MAUMEE STREET ANGOLA, IN 46703

KEY BANK NA ATTN: BANKRUPTCY 4910 TIEDEMAN ROAD BROOKLYN, OH 44144

KEY BANK NA 4910 TIEDEMAN ROAD BROOKLYN, OH 44144 SYNCHRONY BANK/GAP ATTN: BANKRUPTCY DEPT PO BOX 965060 ORLANDO, FL 32896

SYNCHRONY BANK/GAP PO BOX 965005 ORLANDO, FL 32896

TOO KELLER, ESQ. 760 3RD AVE. SW, STE CARMEL, IN 46032